

## PLEDGE OF ALLEGIANCE

The Honorable CRAIG THOMAS led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

## APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. STEVENS).

The assistant legislative clerk read as follows:

U.S. SENATE,  
PRESIDENT PRO TEMPORE,  
Washington, DC, December 6, 2006.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable CRAIG THOMAS, a Senator from the State of Wyoming, to perform the duties of the Chair.

TED STEVENS,  
President pro tempore.

Mr. THOMAS thereupon assumed the Chair as Acting President pro tempore.

## RECOGNITION OF THE ACTING MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The Senator from Nevada is recognized.

## SCHEDULE

Mr. ENSIGN. Mr. President, this morning the Senate will conduct a period of morning business until 11:30. A number of Senators will be here to pay tribute to our retiring colleagues. At 11:30 we will proceed to executive session to consider the nomination of Robert Gates to be our next Secretary of Defense. It is the majority leader's hope that we will have a vote on this nomination later today.

The Senate will recess from 12:30 until 2:15 to accommodate the weekly policy luncheons.

Last night the majority leader filed cloture on the nomination of Andrew von Eschenbach to be the FDA Commissioner. Under the regular order, that vote will occur on Thursday morning.

## RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006

Mr. ENSIGN. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor and Pensions be discharged from further consideration of H.R. 6143, and the Senate proceed to its immediate consideration.

The ACTING PRESIDENT pro tempore. Without objection it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 6143) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

There being no objection, the Senate proceeded to consider the bill.

Mr. KENNEDY. Mr. President, today marks an important milestone in our ongoing national struggle with HIV and AIDS. Twenty-five years ago, the Centers for Disease Control and Prevention issued its first warning about the disease we now know as AIDS. Today, we approve the third extension of the Ryan White CARE Act, the comprehensive legislation first enacted in 1990, for the prevention and treatment of HIV and AIDS.

In those early days, the Nation failed on all levels to recognize the danger posed by this disease. Its victims suffered in silence and stigma. Shamefully, those who had the power to help did nothing.

Then, mid-eighties, a young boy's courage awakened the Nation to the very real tragedy of AIDS. A disease that had seemed distant was suddenly threatening us all, and we could no longer claim that it was someone else's problem. We realized it was a virus that knows no color, religion, political affiliation, or income status. And I think Ryan White would be proud of the effort we are putting forth today with this compromise we have worked hard on for the last few months.

In 1987, Senator HATCH and I introduced bipartisan legislation calling for a comprehensive national strategy of education, prevention, and research to halt the spread of AIDS. We called on government, the public health community, and the media to all do their part in order to prevent the AIDS epidemic from continuing its rampage across America.

We were optimistic that we were poised to handle this challenge more effectively than at any previous point in our history. We would not lose the battle, unless we failed to wage it with wisdom, reason, dignity, and common sense.

Yet the battle continues. We mourn the 500,000 Americans we have lost to the AIDS virus. Each victim is a human tragedy—so much potential lost before its time. But we take heart in the fact that AIDS is no longer a death sentence. Through testing and treatment, people are living long and full lives with HIV. We are identifying victims earlier in the progression of the disease and keeping them healthier longer.

But we still have a long way to go. Many who live with HIV and AIDS do not have insurance to pay for costly treatments. As a result, heavy demands are placed on community-based organizations and State and local governments. For these citizens, the Ryan White CARE Act continues to provide the only means to obtain the care and treatment they need. It doesn't matter where they live.

Americans agree. Seventeen percent of our people name HIV as the most ur-

gent health problem facing the country, just behind cancer and heart disease. Sixty-three percent say the Government is spending too little at home to fight HIV and AIDS. Six in ten believe more spending on prevention and testing will help slow the spread of this disease.

Four in ten say they know someone with HIV. Eighty-one percent say discrimination against people living with HIV or AIDS is a fact of life in America today.

We have far to go in educating people about the disease. Thirty-seven percent of Americans fear the spread of HIV through kissing, twenty-two percent by sharing a drinking glass, and sixteen percent by touching a toilet seat, none of which are true.

We have not finished the job we started 25 years ago.

The Ryan White Care Act began as an emergency response to the crisis in urban areas, but today it represents a national plan to provide care and support for persons living with HIV and AIDS anywhere in America—urban or rural, coastal or inland.

This bill represents a working agreement among States, cities, community-based organizations, hospitals and health providers, and persons living with HIV and AIDS their families and advocates.

It responds to an evolving epidemic that continues to grow in the very cities and States that have long borne the greatest burden of disease. It is expanding into regions of the country that have been historically less affected.

With this bill, we take a major step toward a more effective response. It preserves access to life-saving medications, quality health care, and support services for persons living with HIV and AIDS who have come to depend on publicly-funded systems. It extends this system of quality care to persons with HIV and AIDS who have faced long waiting lists for medications and severe limits on their access to specialty health care. It protects governmental and community-based institutions charged with providing this care, all of whom face growing case loads and the greater challenges of an evolving population of persons with HIV/AIDS. It balances the needs of high-prevalence cities and States with those facing rapidly growing epidemics. It ensures those who have been relying on their local system of care that it will continue to be there for them. It reassures persons seeking tests for HIV that comprehensive care and support will also be ready to serve them. And it authorizes the expenditure of \$7 billion over the next 3 years to carry out this mission.

This legislation is good for Massachusetts.

This bill recognizes the added burden facing States like Massachusetts that have increasing numbers of people with HIV and AIDS living in cities like Boston. It ensures sufficient resources to maintain a HIV/AIDS service system